

OUR RESPONSIBILITIES:

We are required by law to maintain the privacy of your medical information and provide you a description of our privacy practices. We will abide by the terms of this notice.

USES AND DISCLOSURES:

How we may use and disclose Medical Information about you.

The following categories describe examples of the way we use and disclose medical information:

For Treatment: We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, therapists, case managers, or other personnel who are involved in taking care of you at the Center. For example: a doctor at the Crisis Unit may need to know what medications you received in outpatient care. Different programs in the Center may also share medical information about you in order to coordinate the different things you may need, such as prescriptions, case management, lab work, and meals. We may also provide medical information to a Health Information Exchange (HIE) and their partner agencies or another health care provider who we consult about your treatment or who we refer you for treatment. If you do not wish your protected health information to be shared with a health information exchange, please advise the Registration staff to complete the HIE Opt-Out form.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your diagnosis so it will pay us or reimburse you for treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the treatment staff and/or quality improvement team may use information in your medical record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may also combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, therapists, caseworkers and students for educational purposes. And we may combine medical information we have with that of other mental health centers to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy. We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for care;

- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To conduct quality assessment and improvement activities for the health care services we provide;
- To undertake business planning and management activities; and
- To conduct training programs or review competence of healthcare professionals.

When disclosing information, primary appointment reminders and billing/collections efforts, we may leave messages on your answering machine or voice mail.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include, but are not limited to, transcriptionists, auditors, and attorneys. When these services are contracted, we may disclose your medical information to our business associate so that they can perform the job we have asked them to do and bill you, your insurance company, a third-party payer for services rendered, or the Center. To protect your medical information, however, we require the business associate to appropriately safeguard your medical information.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care only after receiving verbal or written authorization from you. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: We may disclose your medical information to researchers when an internal review committee has reviewed and approved the provision of information for the research proposal and established protocols to ensure the privacy of your medical information, or information identifying you has been removed from the medical information. Information that identifies you will be kept confidential.

As Required By Law:

We may also use and disclose medical information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Military Command Authorities
- Health Oversight Agencies
- Coroners, Medical Examiners, and Funeral Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- Authority authorized by law to receive reports of Abuse, Neglect, Exploitation or Domestic Violence

- Entities using the medical information to avert a serious threat to health or safety

Law Enforcement/Legal Proceedings: We may disclose medical information for law enforcement purposes as required by law or in response to a valid subpoena or a court order.

Psychotherapy Notes: Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the type and regularity of treatment furnished, results of clinical test, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Psychotherapy notes may not be disclosed without your written authorization except in certain limited circumstances:

- Use or disclosure in supervised mental health training programs for students, trainees, or practitioners;
- Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual;
- A use or disclosure that is required by law;
- A use or disclosure that is permitted:
 - for legal and clinical oversight of the psychotherapist who made the notes,
 - to prevent or lessen a serious and imminent threat to the health or safety of the public

State Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Center by submitting the complaint in writing to: PRC Privacy Officer, P.O. Box 1559, Bartow, FL 33831-1559. You may also file a complaint with the Secretary of the Department of Health and Human Services by sending it to Medical Privacy, Complaint Division Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Room 509F, HHH Building, Washington D.C. 20201. **You will not be retaliated against for filing a complaint.**

YOUR MEDICAL INFORMATION RIGHTS

Although your medical record is the physical property of the Center, you have the **Right to:**

Inspect and Obtain a Copy: You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about your care by requesting it in writing and providing us with the specific information we need to fulfill your request. Usually, this includes medical and billing records, but does not include psychotherapy notes or information compiled in reasonable anticipation of civil, criminal or administrative proceedings. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the Center will review your request and the denial. The person conducting the review will not be the person who participated in the denial of your original request. We will comply with the outcome of the review.

Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information in writing with a reason to support a request for amendment. You have the right to request an amendment for as long as the information is kept by or for the Center. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or healthcare operations where an authorization was not required.

Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care. For example, you could ask that we not use or disclose information about a service that you received. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you at work instead of your home. The Center will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the Center and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with

your original request prior to attempting to contact you by other means or at another location.

A Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If the Center has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the Center, and if the Center has a website, to the website. Any revised or changed notice will include the effective date and you may obtain a written copy upon request.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you and documented.

If you have any questions about this notice, please contact the Center Privacy Official (the Chief Operating Officer) by dialing 863-519-0575.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Each time you receive a service from Peace River Center (the "Center"), a record of your visit is made. Typically, this record contains your symptoms, assessments and evaluations, diagnoses and treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated at Peace River Center referred to in this Notice as "medical information".

Effective Date: April 14, 2003
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